

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of
YARIV DONDE

Serial No: PENDING

Date Filed: HEREWITH

For: **10-HYDROXY-11-DIHYDROPROSTAGLANDIN
ANALOGS AS SELECTIVE EP4 AGONISTS**

Examiner:

Group Art Unit: 1644

Confirmation No.:

Irvine, California

17497 U.S.PTO
10/821705

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER


Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs.
- (X) Application Data Sheet – 4 pgs.
- (x) Specification (39 pages) 25 Claims (9 pages); Abstract (1 page)
- (x) Drawings (- 2 - sheet)
- (x) Declaration/Power of Attorney
- (X) Assignment with Recordation Cover Sheet – 4 pgs
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. **EV193721120US**

Dated: April 9, 2004


Brent A. Johnson
Registration No. 51,851

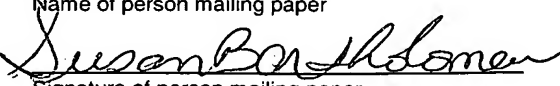
CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on APRIL 9, 2004 in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193721120US** with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 9, 2004

Susan Bartholomew

Name of person mailing paper


Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled : **10-HYDROXY-11-DIHYDROPROSTAGLANDIN ANALOGS AS SELECTIVE EP4 AGONISTS** by the following named inventors:

| | | | | | |
|---|---------------------------|---|--|--|---------------------------|
| 1 | Full Name of Inventor | Last Name: DONDE | First Name: YARIV | Middle Name: | |
| | Residence and Citizenship | City: Dana Point | State or Foreign Country: California | Country Of Citizenship: U.S.A. | |
| | Post Office Address | Post Office Address: 24386 Antilles Way | City: Dana Point | State or Country: California | Zip Code: 92629 |
| 2 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
| | Residence and Citizenship | CITY: | State or Foreign Country: | Country Of Citizenship: | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: |
| 3 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: |

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 39 pages, 25 claims (9 pages) and an abstract (1 page).

Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|---|-----------------|-----------------|------------|-----------------|
| Basic Fee (Large entity) | | | \$770.00 | \$770.00 |
| Total Claims | 25 minus 20 = | -5- | \$18.00 | \$90.00 |
| Independent Claims | 4 minus 3 = | -1- | \$86.00 | \$86.00 |
| If application contains any multiple dependent claims, then add | | | \$290.00\$ | 0.00 |
| TOTAL FILING FEE | | | | \$946.00 |

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Application Data Sheet - 4 pgs.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed. - 4 pgs.
- (X) New drawing(s) are enclosed in -2- sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (x) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851
- (x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

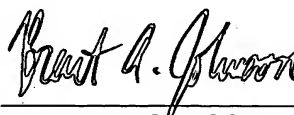
Please address all future communications to:

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Irvine, CA 92612

Tel: 714-246-4348

Fax: 714-246-4249

Respectfully submitted,



Date: April , 2004

BRENT A. JOHNSON
Registration No. 51,851
Agent of Record